

**Application Data Sheet**  
**Application Information**

**Application number::**

**Filing Date::**

**Application Type::** REGULAR

**Subject Matter::** UTILITY

**Suggested classification::**

**Suggested Group Art Unit::**

**CD-ROM or CD-R?::** NONE

**Number of CD disks::**

**Number of copies of CDs::**

**Sequence submission?::** PAPER

**Computer Readable Form (CRF)?::**

**Number of copies of CFR::**

**Title::** PROTECTION AGAINST INTERLEAVING  
TRANSACTIONS USING A TRANSACTION  
MANAGER

**Attorney Docket Number::** BEAS-01338US2

**Request for Early Publication?::** NO

**Request for Non-Publication?::** NO

**Suggested Drawing Figure::** 3

**Total Drawing Sheets::** 4

**Small Entity?::** NO

**Latin name::**

**Variety denomination name::**

**Petition included?::** NO

**Petition Type::**

**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::**  
**Secrecy Order in Parent Appl.?::** NO

## **Applicant Information**

**Applicant Authority Type::** INVENTOR  
**Primary Citizenship Country::** US  
**Status::** FULL CAPACITY  
**Given Name::** ALEXANDER  
**Middle Name::** J.  
**Family Name::** SOMOGYI  
**Name Suffix::**  
**City of Residence::** BERNARDSVILLE  
**State or Province of Residence::** NJ  
**Country of Residence::** US  
**Street of mailing address::** 87 RAVINE LAKE ROAD, HAYLOFT  
**City of mailing address::** BERNARDSVILLE  
**State or Province of mailing address::** NJ  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 07924

## **Correspondence Information**

**Correspondence Customer Number::** 23910  
**Phone number::** (415) 362-3800  
**Fax Number::** (415) 362-2928  
**Email address::** SBachmann@fdml.com

## Representative Information

**Representative Customer Number::** 23910

## Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e) Provisional	60/451,334	02/28/03

## Foreign Priority Information

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

## Assignee Information

**Assignee Name::** BEA SYSTEMS, INC.  
**Street of mailing address::** 2315 NORTH FIRST STREET  
**City of mailing address::** SAN JOSE  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131